

L11000013241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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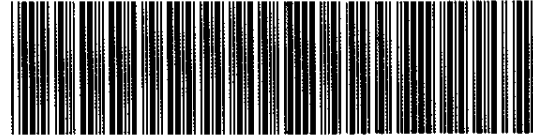
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**L. SELLERS**

JUN 23 2011

**EXAMINER**

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11 JUN 22 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE SHOPPES AT VANDERBILT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BONNIE INMAN

Name of Person

SHOPPES AT VANDERBILT

Firm/Company

2355 VANDERBILT BEACH RD. #152

Address

NAPLES, FL 34109

City/State and Zip Code

MANAGEMENT@VANDERBILT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES SKOWRONSKI

Name of Person

at ( 239 ) 594-5000

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2011

BONNIE INMAN  
2355 VANDERBILT BEACH ROAD, #152  
NAPLES, FL 34109

SUBJECT: THE SHOPPES AT VANDERBILT, LLC  
Ref. Number: L11000013241

We have received your document for THE SHOPPES AT VANDERBILT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 611A00014037

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: THE SHOPS AT VANDERBLT, LLC  
2. (a) Principal office address of limited liability company: 2355 VANDERBILT BEACH RD #152  
NAPLES, FL 34109  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: \_\_\_\_\_  
**(Note: MAY BE POST OFFICE BOX)** 2355 VANDERBILT BEACH RD #152  
NAPLES, FL 34109

2-1-2011  
3. Date of filing/registration in Florida

L11000013241  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: GRABINSKI, MATHEW, ESQ  
Registered Office Address: 4001 TAMiami TR. N. #300  
NAPLES, FL 34103

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** BONNIE INMAN  
**NEW Registered Office Address:** 2355 VANDERBILT BEACH RD #152  
**(MUST BE FLORIDA STREET ADDRESS)** NAPLES, FL 34109

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bonnie G. Inman  
Signature of a member or authorized representative of a member

BONNIE G. INMAN  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bonnie G. Inman  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

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JUN 22 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA